

# Workforce Investment Act Title I-B

## Washington State Policies

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### SECTION C: General Administration

*Grantees, subrecipients, and contractors funded under the Workforce Investment Act (WIA), whether in whole or in part, must abide by the Workforce Investment Act of 1998, the WIA Regulations, all applicable Office of Management and Budget (OMB) Circulars, state regulations*

*in laws and rules (Revised Code of Washington and Washington Administrative Code), Office of Financial Management (OFM) policies, and the Washington State WIA policies.*

**EFFECTIVE DATE:** November 20, 2002  
**WIA POLICY NUMBER:** 3450, Revised Final  
**SUBJECT:** Equal Opportunity Discrimination Complaint Processing Policy and Procedures

### BACKGROUND

This policy is intended to ensure that the Workforce Development Councils (WDCs) and other grant recipients/program providers implement complaint policies and procedures in compliance with guidelines provided by the Director, Civil Rights Center, U.S.

Department of Labor (CRC/USDOL), regarding the nondiscrimination/equal opportunity provisions of the Workforce Investment Act (WIA), Title I of 1998 and 29 CFR Part 37. Section 188 of Title I of WIA prohibits discrimination on the basis of: race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, on the basis of either citizenship as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I financially assisted program or activity.

Each Workforce Development Area has designated a Local Equal Opportunity Officer (LEOO) who is responsible for adopting and publishing policies and complaint procedures, and ensuring that they are followed. Per 29 CFR Part 37.29, a recipient/program provider must provide initial and continued notice that it does not discriminate on any prohibited ground. A copy of the "Notice of Rights to File a Complaint" is provided to each participant *and made a part of each participant's file per the regulations*. If a complaint is filed, a copy of this Equal Opportunity (EO) Discrimination Complaint Processing Policy and Procedures is to be provided to the complainant.

### POLICY AND PROCEDURE

#### 1. Discrimination Complaint and Filing

All grant recipients/program providers under Title I of WIA are responsible for complying with the discrimination complaint procedures consistent with 29 CFR Part 37, as outlined in this policy:

- Any person who believes that he or she, or any specific class of individuals, has been or is being subjected to discrimination on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only, citizenship or participation in WIA Title I, has the right to file a complaint within one hundred and eighty (180) calendar days of the alleged discrimination.
- It is recommended, but not required, that the complaint be filed on the USDOL/CRC Complaint Information Form and Privacy Act Consent Form. (Attached to this policy)
- A written complaint must be filed within one hundred and eighty (180) calendar days of the alleged discrimination. The filing period may be extended for good cause in some limited circumstances. However, only the Director of CRC may extend the filing time.
- Any individual wishing to file a discrimination complaint must be given the option to file the complaint with a WorkSource Center/affiliate sites/WDC EO Officer, the State EO Officer and/or directly with the Director of the Civil Rights Center, United States Department of Labor (CRC/USDOL):

Director/Civil Rights Center      OR  
U.S. Department of Labor  
200 Constitution Avenue NW  
Room N-4123  
Washington, D.C. 20210

Evelyn Rodriguez, State EO Officer  
or  
*Kintu Nnambi, ESD EO Officer*  
Employment Security Department  
P.O. Box 9046, Mailstop 6000  
Olympia, WA 98507-9046

- The complaint document must contain the following information:
  - Complainant's name and address, or other means by which the complainant may be contacted;
  - Identification of individual(s) or organization(s) responsible for the alleged discrimination; and
  - A description of the complainant's allegations, which must include enough details to determine:
    - a) recipient's jurisdiction of the complaint;
    - b) if the complaint was filed timely (within 180 days);
    - c) specific prohibited bases of the alleged discrimination (i.e., race, sex, etc.);
    - d) apparent merit of the complaint;
    - e) complainant's signature or the signature of his/her authorized representative.

- No individual, organization or agency may discharge or retaliate in any manner against any person because that person has filed a complaint, instituted any proceeding related to the Act, testified, or is about to testify, in any proceeding or investigation, or has provided information or assisted in an investigation.

## 2. Receipt of Complaint

- If the complainant elects to file with an employee in a WorkSource Center or affiliate site, that employee will immediately accept the complaint and forward the complaint to the local WDC EO Officer.
- The local WDC EO Officer is responsible for providing local intake services for discrimination complaints to determine if the complaint is covered by 29 CFR Part 37, and for resolving jurisdictional issues, if any.
- Upon receipt of a discrimination complaint, the local WDC EO Officer will log it in, and, if necessary, shall confer with the State EO Officer, prior to determining jurisdiction over the matter.
- If the local WDC EO Officer determines s/he does not have jurisdiction over the complaint, s/he must immediately notify the complainant in writing, including reasons for the determination. This Notice of Lack of Jurisdiction must advise the complainant that s/he has a right to file with the Director of CRC within thirty (30) calendar days of the date of the Notice. If the local WDC EO Officer determines that another entity has jurisdiction, s/he will promptly refer the complaint to that entity and also promptly notify the complainant of the referral.

## 3. Initial Letter/Contents and Timeframes for Processing a Complaint

- Within ten (10) working days of receipt of the complaint, the local WDC EO Officer shall issue an initial written notice to the complainant that contains the following information:
  - Acknowledgement of receipt of the complaint.
  - Advising the complainant of his/her right to seek representation by an attorney or other individual of his/her choice in the complaint process.
  - A list of each issue raised in the complaint and, for each issue, a statement that the issue is accepted for investigation or is not accepted. The reason(s) must be provided for rejection.
  - Advising the complainant of the timeframes for processing the complaint and providing a determination.
  - The total time allowed for processing the complaint is ninety (90) calendar days from the date on which the complaint was filed. This process includes sixty (60) days at the local level and thirty (30) days for review at the state level, if warranted.

- If the complainant elects to file with both CRC and the WDC, the complainant shall be informed that the WDC has ninety (90) calendar days to process the complaint and that CRC shall not investigate the complaint until the ninety (90) calendar-day period has expired.
- The complainant will be given an invitation to participate in mediation. If the complainant elects to participate, s/he or the designated representative must respond to the invitation in writing within ten (10) calendar days of the date of the letter. This written acceptance must also include the relief sought. (See item #4 – Alternative Dispute Resolution Mediation Process below.)

Immediately after issuance of the initial written notice to the complainant, the WDC EO Officer shall either begin the fact-finding or investigation of the complaint, or arrange to have an investigation conducted.

- If the complainant or designated representative has not responded to the invitation within ten (10) calendar days, the complainant will be considered to have waived the right to mediation.
- If the complainant refuses to participate in mediation, and/or mediation is unsuccessful, the local WDC EO Officer continues with the investigation.
- The WDC will issue a Notice of Final Action to the complainant by the end of ninety (90) calendar days from the date on which the complaint was filed. If the WDC fails to issue a Notice of Final Action, the complainant may file a complaint with the Director of CRC.

This must take place within thirty (30) calendar days of the expiration of the ninety (90) calendar-day period.

- The Director of CRC may extend the time limits for good cause shown if:
  - a) the complaint has not been filed within one hundred and eighty (180) calendar days of the alleged discrimination;
  - b) a complaint has not been filed with CRC within thirty (30) calendar days of receipt of the recipient's determination; or
  - c) the complainant has failed to file a complaint with CRC within thirty (30) calendar days after the expiration of the ninety (90) calendar-day period provided to the local WDC EO Officer for a response.

#### 4. Alternative Dispute Resolution (ADR)/Mediation Process

During the ninety (90) calendar-day period, complainants may elect to participate in mediation. If the complainant selects mediation, it allows disputes to be resolved in a less adversarial manner. The local WDC EO Officer will process the request and then immediately forward it to the State EO Officer.

The State EO Officer will coordinate with the local WDC EO Officer to contract with a preapproved mediator or designate a Human Resources mediator. The individual conducting the mediation must be a neutral and impartial third party who will act as a facilitator. The mediator must be a person who is acceptable to all parties and who will assist the parties in resolving their disputes.

- The local WDC EO Officer or State EO Officer will contact the parties no later than ten (10) calendar days of receipt of the complaint to determine the complainant's willingness to mediate.
- If the complainant chooses to participate in mediation, s/he or the designee must respond in writing within ten (10) calendar days of the date of the request. This written acceptance must be dated and signed by the complainant and must also include the relief sought.
- A written confirmation identifying the date, time and location of the mediation conference will be sent to all appropriate parties.
- A consent form will be signed by all parties at initiation of the mediation process affirming that the contents of the mediation will be kept confidential.
- If resolution is reached under ADR/mediation, the agreement will be in writing. A copy of the signed agreement will be sent to the State EO Officer.
- If an agreement is reached under ADR/mediation but a party to the agreement believes his/her agreement has been breached, the non-breaching party may file a complaint with the CRC Director.
- If the parties do not reach resolution under ADR/mediation, the complainant will be advised of his/her right to file a complaint with the CRC/USDOL; however, the local WDC EO Officer/State EO Officer will continue with the investigation.
- If at all possible, the mediation process should be completed within thirty (30) calendar days of receipt of the complaint. This will assist in keeping within the ninety (90) calendar-day timeframe of the written Notice of Final Action if the mediation is not successful.

#### 5. Notice of Final Action

A written Notice of Final Action will be provided to the complainant within ninety (90) calendar days of the date the complaint was filed. It will contain:

- A statement regarding the disposition of each issue raised in the complaint and the reason for the determination.
- Description of the way the parties resolved the issue(s). If the complaint was resolved by mediation, a copy of the agreement will be attached to the Notice of Final Action.

- Notice that the complainant has the right to file a complaint with CRC within thirty (30) calendar days after the date the Notice of Final Action is issued, if s/he is dissatisfied with recipient's final action on the complaint.

The State EO Officer will review complaint data on a routine basis. Should deficiencies be noted in the implementation of these complaint procedures by any local WDC, the State EO Officer will work in conjunction with the local WDC EO Officer to review the information and/or provide technical assistance in the complaint process, alternative dispute resolution, and/or investigation. Complaint data will be available for review by CRC/USDOL upon request.

#### 6. Corrective Action

If discrimination is found through the process of a complaint investigation, the respondent shall be requested to voluntarily comply with corrective action(s) or conciliation agreement to correct the discrimination.

#### 7. Confidentiality

EO Officers are required to keep the following information confidential to the maximum extent possible, consistent with applicable law and fair determination of the complaint:

- The fact that the complaint has been filed;
- The identity of the complainant(s);
- The identity of individual respondents to the allegations; and
- The identity of any person(s) who furnished information relative to, or assisting in, a complaint investigation.

A separate system will be maintained both locally and at the state level for logging, tracking, and reporting on discrimination complaints.

#### 8. Distinguishing Between Program and Discrimination Complaints

A complaint cannot be processed as both a program complaint and as a discrimination complaint. A discrimination complaint includes as a reason for mistreatment one of the prohibited factors: race, color, national origin, sex, religion, age, disability, political affiliation or belief or, for participants, participation in WIA Title I or citizenship.

#### 9. Monitoring

The State EO Officer will review complaint data on a routine basis and during monitoring visits. Should deficiencies be noted in the implementation of these complaint procedures by any local WDC/program provider, the State EO Officer will work in conjunction with the local WDC EO Officer to review the information and/or provide technical assistance in the complaint process, alternative dispute resolution, and/or investigation. Complaint data will be available for review by CRC/USDOL upon request.

## 10. Record Keeping

WIA Title I grant recipients/program providers must maintain a log of complaints filed that allege discrimination based on race, color, religion, sex, national origin, age, disability, political affiliation or belief, citizenship, and/or participation in a WIA Title I financially assisted program or activity. The log must include the name and address of the complainant; basis of complaint; description of complaint; date filed; disposition and date; and any other pertinent information. All records regarding complaints and actions taken on complaints must be maintained for a period of not less than three (3) years from the final date of resolution of the complaint.

### **DEFINITIONS**

- **Recipient/Program Provider**  
“Recipient” means any entity to which financial assistance under WIA Title I is extended, either directly from the U.S. Department of Labor or through the Governor or another recipient, excluding the ultimate beneficiaries of WIA Title I funded programs and activities.
- **State Equal Opportunity (EO) Officer**  
The State EO Officer is the individual designated at the state level with the oversight responsibility for coordinating, implementing, maintaining and monitoring the nondiscrimination and equal opportunity requirements.
- **WDC Equal Opportunity (EO) Officer**  
The WDC EO Officer is the WDC’s designated staff person responsible for administration of the Area’s and its subrecipients’ and service providers’ discrimination complaint processing as outlined in this policy and procedures. This person is also known as the Local Equal Opportunity Officer (LEOO).
- **Civil Rights Center (CRC)**  
The CRC is the federal enforcement agency with the United States Department of Labor (USDOL) located in Washington D.C., with jurisdiction over discrimination complaints alleging violations of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Workforce Investment Act of 1998.
- **Office of Civil Rights (OCR/DOE)**  
OCR/DOE is the federal enforcement agency within the Department of Health and Human Services located in Washington D.C., with jurisdiction over discrimination complaints alleging violations of the Title IV of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, and Title V of the Older Americans Act.
- **Title VI Discrimination Complaints**  
Complaints alleging discrimination on the basis of race, color, or national origin in a federally assisted program. CRC is responsible for enforcement.

- **Section 504 – Disability Complaints**  
Complaints alleging discrimination based on the presence of any sensory, mental, or physical disability, in violation of Section 504 of the Rehabilitation Act of 1973. CRC is responsible for enforcement.
- **Americans with Disabilities Act**  
Complaints alleging discrimination on the basis of disability in employment, public accommodation and services, transportation, state and local government operations and communication are covered under the Americans with Disabilities Act of 1990. The U.S. Equal Employment Opportunity Commission (EEOC) as well as CRC is responsible for enforcement.
- **Title VII Discrimination Complaints**  
Complaints alleging employment discrimination on the basis of race, color, national origin, sex, religion, age or disability. The U.S. Equal Employment Opportunity Commission (EEOC) is responsible for enforcement. In complaints of violations of Title VI and VII, Title VI takes precedence over Title VII, thus affording CRC jurisdiction.
- **Title IX Discrimination Complaints**  
Complaints alleging sex discrimination in education or education-related employment. The Office of Civil Rights (OCR) U.S. Department of Education is responsible for enforcement.
- **Alternative Dispute Resolution (ADR) Mediation Process**  
Mediation is a form of alternative dispute resolution (ADR) attempted in a conference between the parties to the complaint (Complainant and Respondent) that is facilitated by a disinterested third party. Both parties must agree to participate; it is on a voluntary basis. The intended outcome is an agreement between the parties that resolves the issues raised in the complaint. The agreement will be reduced to writing, signed by all parties, and thereby becomes an enforceable contract designed to resolve identified issues and preserve the rights of a complainant.

## **ATTACHMENTS**

- U.S. Department of Labor Complaint Information Form and the attached Privacy Act Consent Form
- Notice of Discrimination Complaint Filing Rights

## **REFERENCES**

- Workforce Investment Act - Interim Final Rule effective: May 17, 1999
- Workforce Investment Act - Final Rules effective: September 11, 2000
- 29 CFR Part 37 – Implementation of the Nondiscrimination and Equal Opportunity
- Provisions of the Workforce Investment Act of 1998 – Final Rule November 12, 1999
- Title VI & VII of the Civil Rights Act of 1964, as amended;

- Section 503 and 504 of Rehabilitation Act of 1973, as amended;
- The Age Discrimination Act of 1975, as amended;
- Age Discrimination in Employment Act of 1967, as amended;
- Titles I, II, and III of the Americans with Disabilities Act of 1990;
- Vietnam Era Veterans' Readjustment Assistant Act of 1974
- Equal Pay Act of 1963
- Title IX of Education Amendments of 1972
- Immigration & Nationality Act
- Title I of the Workforce Investment Act of 1998
- President's Executive Order 11246
- Chapter 49.60 Revised Code of Washington

**WEBSITE:** <http://www.wa.gov/esd/>

**SUPERCEDES:** Policy 3450 in the Methods of Administration document approved in October, 2001.

**DIRECT INQUIRIES TO ONE OF THE FOLLOWING:**

Lisa Morgan, Program Coordinator  
Employment Security Department  
Employment and Training Division  
Workforce Investment Act – Title-B  
P.O. Box 9046, Mailstop 6000  
Olympia, WA 98507-9046  
Email: [lmorgan@esd.wa.gov](mailto:lmorgan@esd.wa.gov)  
Telephone: (360) 438-4660  
Fax: (360) 438-4619

OR Evelyn Rodriguez, State EO Officer  
or  
*Kintu Nnambi, ESD EO Officer*  
Employment Security Department  
Administrative Services Division  
P.O. Box 9046, Mailstop 6000  
Olympia, WA 98507-9046  
[erodriguez@esd.wa.gov](mailto:erodriguez@esd.wa.gov)  
Telephone: (360) 902-9534  
Fax: (360) 902-9570  
[Knnambi@esd.wa.gov](mailto:Knnambi@esd.wa.gov)  
Telephone: (360) 902-6530  
Fax (360) 902-9570

# Complaint Information Form

## U.S. Department of Labor Civil Rights Center



1. Complaint Information  
State your name and address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(disclosure of Social Security Number is voluntary)

2. Respondent Information  
Provide name and address of agency involved

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is the most convenient time and place for us to contact you about this complaint?

4. To your best recollection on what date(s) did the discrimination take place?

\_\_\_\_\_  
Date of first occurrence

\_\_\_\_\_  
Date of most recent occurrence

5. Have you ever attempted to resolve this complaint at the local level?

\_\_\_\_\_ No \_\_\_\_\_ Yes

- a. Have you been provided with a final decision at the local level regarding your complaint?

\_\_\_\_\_ No \_\_\_\_\_ Yes

- b. Have 90 days elapsed since you filed or attempted to file your complaint at the local level?

\_\_\_\_\_ No \_\_\_\_\_ Yes

6. Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertaining to your case.

Your telephone number(s)

Home \_\_\_\_\_  
Area Code Number

Work \_\_\_\_\_  
Area Code Number

Telephone Number

\_\_\_\_\_  
Area Code Number

7. To the best of your knowledge which of the following Department of Labor programs was involved (Check one) \*

\_\_\_\_ Workforce Investment Act (WIA) \_\_\_\_\_ MSHA  
\_\_\_\_ Welfare to Work \_\_\_\_\_ OSHA  
\_\_\_\_ Job Training \_\_\_\_\_ WIN  
\_\_\_\_ Job Corps  
\_\_\_\_ Youth  
\_\_\_\_ Unemployment Insurance  
\_\_\_\_ Apprenticeship  
\_\_\_\_ Older Americans  
\_\_\_\_ New Directions  
\_\_\_\_ Displaced Worker  
\_\_\_\_ Other: Specify \_\_\_\_\_

\* At the local level, these programs may be known by a different name

8. Basis of Complaint: Which of the following best describes why you believe you were discriminated against: (check)

\_\_\_\_ Race: Specify \_\_\_\_\_  
\_\_\_\_ Color: Specify \_\_\_\_\_  
\_\_\_\_ Religion: Specify \_\_\_\_\_  
\_\_\_\_ National Origin: Specify \_\_\_\_\_

\_\_\_\_ Sex: Specify ☐ Male ☐ Female  
\_\_\_\_ Age: Specify Date of Birth \_\_\_\_\_

\_\_\_\_ Disability \_\_\_\_\_

\_\_\_\_ Political Affiliation: Specify \_\_\_\_\_

\_\_\_\_ Citizenship: Specify \_\_\_\_\_

\_\_\_\_ Reprisal/Retaliation \_\_\_\_\_

\_\_\_\_ Other: Specify \_\_\_\_\_

9. Do you think the discrimination against you involved: (Check one)

\_\_\_\_ Your job or seeking employment? or  
\_\_\_\_ Your using facilities or someone providing/not providing you with services or benefits?

If so, which of the following are involved?

\_\_\_\_ Hiring  
\_\_\_\_ Transition  
\_\_\_\_ Wages  
\_\_\_\_ Job Classification  
\_\_\_\_ Discharge/Termination  
\_\_\_\_ Promotion  
\_\_\_\_ Training  
\_\_\_\_ Transfer  
\_\_\_\_ Qualification/Testing  
\_\_\_\_ Grievance Procedure  
\_\_\_\_ Layoff/Furlough  
\_\_\_\_ Recall (From Layoff-Furlough)  
\_\_\_\_ Seniority  
\_\_\_\_ Intimidation/Reprisal  
\_\_\_\_ Harassment  
\_\_\_\_ Access/Accommodation  
\_\_\_\_ Union Activity  
\_\_\_\_ Union Representation  
\_\_\_\_ Application

For DOL Use Only	<input type="checkbox"/> Enrollment
CIF received by CRC _____ Accepted _____ Not Accepted	<input type="checkbox"/> Referral
By _____	<input type="checkbox"/> Exclusion
Date _____	<input type="checkbox"/> Placement
	<input type="checkbox"/> Benefits
	<input type="checkbox"/> Performance Appraisal
	<input type="checkbox"/> Discipline/Reprimand
	<input type="checkbox"/> Other: Specify _____

10. Why do you believe these events occurred?

11. What other information do you think is relevant to our investigation?

12. If this complaint is resolved to your satisfaction, what remedies do you seek?

14. Do you have an attorney?  
\_\_\_ Yes \_\_\_ No  
If yes, please provide name, address and phone:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Have you filed a case or complaint with any of the following?  
\_\_\_ Civil Rights Division, U.S. Dept. of Justice  
\_\_\_ U.S. Equal Employment Opportunity Commission  
\_\_\_ Federal or State Court  
\_\_\_ Your State or local Human Relations/Rights Commission

16. For each item checked in #15 above, please provide the following information:  
Agency: \_\_\_\_\_  
Date Filed: \_\_\_\_\_  
Case or Docket Number: \_\_\_\_\_  
Date of Trial or Hearing: \_\_\_\_\_  
Location of agency or Court: \_\_\_\_\_  
\_\_\_\_\_  
Name of Investigator: \_\_\_\_\_  
Status of Case: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Please list below any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint.

Name    Address    Telephone Number

Agency: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Case or Docket Number: \_\_\_\_\_

Date of Trial or Hearing: \_\_\_\_\_

Location of agency or Court: \_\_\_\_\_

Name of Investigator: \_\_\_\_\_

Status of Case: \_\_\_\_\_

Comments: \_\_\_\_\_

Signed (Complaint NOT VALID unless signed)

Date

## NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION

*Two Federal laws govern personal information to Federal Agencies, including the Civil Rights Center (CRC: the Privacy Act of 1974 (5 U.S.C. 552) and the Freedom of Information Act (5 U.S.C. 552) or "FOIA". Please read this description of how these laws apply to information connected with your complaint. After reading this notice, please sign and return the consent agreement printed on the back of this notice, along with your complaint form.*

The PRIVACY ACT protects individuals from misuse of personal information held by the Federal government. The law applies to records that are kept and can be located by the individual's name, social security number, or other personal identification system. Anyone who submits information to CRC in connection with a discrimination complaint should know the following:

- CRC has been authorized to investigate complaints of discrimination on the basis of race, color, national origin, age, and handicap, and in some programs on the basis of sex, religion, citizenship, and political affiliation or belief, in programs that receive Federal funds through the Department of Labor. CRC is also authorized to conduct reviews of federally funded programs to assess their compliance with civil rights laws.
- Information that CRC collects is analyzed by authorized personnel within CRC. This information may include personnel or program participant records, and other personal information. CRC staff may want to reveal some of the personal information to individuals outside the office in order to verify facts related to the complaint, or to discover new facts which will help CRC determine whether the law has been violated. Such information could include, for example, the physical condition or age of a complainant. CRC may also have to reveal personal information to a person who submits a request for disclosure authorized by the Freedom of Information Act.
- Information submitted to CRC may also be revealed to persons outside of CRC because it is necessary in order to complete enforcement proceedings against a program that CRC finds to have violated the law or regulations. Such information could include for example, the name, income, age, marital status or physical condition of the complainant.
- Any personal information you provide may be used only for the specific purpose for which it was requested. CRC requests personal information only for the purpose of carrying out authorized activities to enforce, and determine compliance with, civil rights laws and regulations. CRC will not release personal information to any person or organization unless the person who submitted the information gives written consent, or unless release is required by the Freedom of Information Act.
- No law requires that a complainant reveal personal information to CRC, and no action will be taken against a person who denies CRC's request for personal information. However, if CRC cannot obtain the information needed to fully investigate the allegations in the complaint, CRC may close the case.
- Any person may ask for, and receive, copies of all personal materials CRC keeps in his or her file for investigatory use.

AS A POLICY, CRC DOES NOT REVEAL NAMES AND OTHER IDENTIFYING INFORMATION ABOUT INDIVIDUALS UNLESS IT IS NECESSARY TO COMPLETE INVESTIGATION OR ENFORCEMENT ACTIVITIES AGAINST A PROGRAM WHICH HAS VIOLATED THE LAW. CRC never reveals to the program under investigation the identity of the person who filed the complaint, unless the complainant first gave CRC written permission to do so.

The FREEDOM OF INFORMATION ACT (FOIA) gives the public maximum access to Federal government files and records. Persons can request, and receive, information from many types of records kept by the Government-not just materials that apply to them personally. The Civil Rights Center must honor most requests for information submitted under FOIA, but there are exceptions.

- CRC is usually not required to release information during an investigation or an enforcement proceeding if that release would limit CRC's ability to do its job effectively; and
- CRC can refuse to disclose information if release would result in a "clearly unwarranted invasion" of a person's privacy.

PLEASE READ AND SIGN SECTION A OR SECTION B OF THE CONSENT FORM, PRINTED ON THE BACK OF THIS NOTICE, AND RETURN IT TO THE CIVIL RIGHTS CENTER WITH YOUR SIGNED, COMPLETED COMPLAINT INFORMATION FORM.

## CONSENT FORM

I have read the Notice about Investigatory Uses of Personal Information, printed on the front of this form. I understand the following provisions of the Privacy Act and Freedom of Information Act, which apply to personal information I reveal to the Civil Rights Center in connection with my complaint:

In the course of investigating my complaint, CRC may have to reveal my identity to staff of the program named in my complaint in order to obtain facts and evidence regarding my complaint;

I do not have to reveal any personal information to CRC, but CRC may close my complaint if I refuse to reveal information needed to fully investigate my complaint;

I may request and receive a copy of any personal information CRC keeps in my complaint file for investigatory uses; and

Under certain conditions, CRC may be required by the Freedom of Information Act to reveal to others personal information I have provided in connection with my complaint.

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### SECTION A

☐

YES, CRC MAY DISCLOSE MY IDENTITY IF NECESSARY TO INVESTIGATE MY COMPLAINT. I have read and understand this notice, and I consent for CRC to process my complaint.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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### SECTION B

☐

NO, CRC MAY NOT DISCLOSE MY IDENTITY, EVEN IF NECESSARY TO PROCESS MY COMPLAINT. I have read and understand the notice, and I do not consent for CRC to disclose my identity during investigation of my complaint. I request that CRC process my complaint, however, I understand that CRC may cancel my complaint if it cannot fully investigate without disclosing my identity. I also understand that CRC may close my complaint if it cannot begin an investigation because I have not consented for CRC to reveal my identity.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



7. Información sobre el querellante  
Indique su nombre y dirección

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Seguro Social: \_\_\_\_\_  
(esta información es voluntaria)

8. Información sobre el demandado  
Indique nombre y dirección de la Agencia contra quien usted se queja

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teléfono

Residencia \_\_\_\_\_  
(Area) (Número)

Trabajo \_\_\_\_\_  
(Area) (Número)

Teléfono

\_\_\_\_\_  
(Area) (Número)

9. ¿Cuál es el lugar y la hora mas conveniente para comunicarnos con usted?

10. Según usted recuerda, ¿ en qué fecha(s) ocurrió la acción discriminatoria?

Primera vez

Fecha más reciente

11. ¿Ha intentado usted solucionar su queja a nivel local?

\_\_\_\_ NO \_\_\_\_ SI

a. ¿Le han provisto con una decisión final sobre su queja?

\_\_\_\_ NO \_\_\_\_ SI

b. ¿Han transcurrido 90 dias desde que usted sometió o intentó someter su queja?

\_\_\_\_ NO \_\_\_\_ SI

6. Explique brevemente y con claridad que ocurrió y como se discriminó contra usted. Indique las personas que estuvieron envueltas en estos incidentes de discriminación. Asegúrese de indicar de qué manera otras personas han sido tratadas diferente a usted.

10. A su entender, cual de los siguientes programas está relacionado con su queja? \*

- ☐ WIA (Ley de Inversión en la Fuerza Trabajadora)  
☐ "Job Corps"  
☐ Servicio de empleo (Job Service)  
☐ Jovenes (Youth)  
☐ Seguro de Desempleo (Unemployment Insurance)  
☐ Welfare to Work (Bienestar al Trabajo)  
☐ Aprendizaje (Apprenticeship)  
☐ Envejecientes (Older Americans)  
☐ Seguridad y Salud en las Minas (MSHA)  
☐ Seguridad y Salud Ocupacional (OSHA)  
☐ "New directions"  
☐ WIN  
☐ Trabajadores Desplazados (Displaced Worker)  
☐ Otra: Especifique \_\_\_\_\_

\* Al nivel local estos programas generalmente se conocen por otro nombre.

11. Base para queja: en su opinión, ¿por cual de las siguientes razones cree usted que ocurrió la discriminación contra usted?

- ☐ Raza: Especifique \_\_\_\_\_  
☐ Color: Especifique \_\_\_\_\_  
☐ Religión: Especifique \_\_\_\_\_  
☐ Origen Nacional: Especifique \_\_\_\_\_

☐ Sexo: ☐ Masculino ☐ Femenino

☐ Edad: Especifique fecha de nacimiento \_\_\_\_\_

☐ Incapacidad fisica o mental: Especifique \_\_\_\_\_

☐ Afiliación politica: Especifique \_\_\_\_\_

☐ Ciudadania: Especifique \_\_\_\_\_

☐ Represalia/intimidación

☐ Otra: Especifique \_\_\_\_\_

12. Cree usted que la acción discriminatoria estuvo relacionada con (Escoja una)

- ☐ Su trabajo o diligencias para conseguir empleo  
☐ El uso de las facilidades o alguien proveyendo/no proveyéndole a usted servicios o beneficios

Si es asi, cual de las siguientes situaciones están envueltas:

- ☐ Empleo  
☐ Transición  
☐ Salario/Sueldo  
☐ Clasificación  
☐ Promoción  
☐ Adiestramiento  
☐ Transferencia/Reasignación  
☐ Credenciales/Exámenes  
☐ Procesamiento de queja  
☐ Despido/Suspensión  
☐ Reinstalar  
☐ Antigüedad  
☐ Represalia/Intimidación  
☐ Hostigamiento  
☐ Acceso/Acomodo  
☐ Actividades de la unión  
☐ Solicitud  
☐ Régistro/Matricula  
☐ Referimiento

For DOL Use Only	
CIF received by CRC _____ Accepted _____ Not Accepted _____	Case Number _____
By _____	Date _____
	<input type="checkbox"/> Exclusión <input type="checkbox"/> Asignación <input type="checkbox"/> Beneficios <input type="checkbox"/> Evaluación <input type="checkbox"/> Acción disciplinaria/Reprimenda <input type="checkbox"/> Ótra: Especifique _____

14. ¿Por qué cree usted que aconteció esta(s) acción(es) discriminatoria?	17. ¿Tiene usted un abogado? ___ SI ___ NO Si tiene, indique el nombre, dirección y teléfono:  _____ _____ _____ _____
15. ¿Qué otra información cree usted nos ayudaría en la investigación de su queja?	18. ¿Ha sometido usted una queja con alguna de las siguientes entidades?  <input type="checkbox"/> División de Derechos Civiles, Departamento de Justicia (Civil Rights Division, U.S. Dept. of Justice) <input type="checkbox"/> Comisión de igualdad de Oportunidad de Empleo (U.S. Equal Employment Opportunity Commission) <input type="checkbox"/> Corte Estatal o Federal (Federal or State Court) <input type="checkbox"/> Comisión Estatal de Derechos/Relaciones Humanas (State Civil Rights or Human Rights Commission)  19. Para cada entidad identifica en el # 15 arriba provea la siguiente información:  Agencia: _____ Fecha en que se sometió la queja: _____ Número asignado a la queja: _____ Fecha del juicio o vista: _____ Localización de agencia o corte: _____  _____ Nombre del investigador: _____ "Status" del caso (condición legal): _____  _____ _____ _____ Comentarios: _____  _____ _____ _____ ..... Agencia: _____ Fecha en que se sometió la queja: _____
16. ¿Que remedios satisfacciones desea usted para considerar solucionada su queja?	

17. Indique las personas testigos compañeros de trabajo supervisores o otras quienes debemos comunicarnos para obtener mas información sobre su qu

Nombre Dirección Teléfono

Número asignado a la queja: \_\_\_\_\_

Fecha del juicio o vista: \_\_\_\_\_

Localización de agencia o corte: \_\_\_\_\_

Nombre del investigator: \_\_\_\_\_

"Status" del caso (condición legal): \_\_\_\_\_

Comentarios: \_\_\_\_\_

Firma (ESTA QUEJA NO ES VALIDA SIN SU FIRMA)

Fecha

## Departamento del Trabajo Centro de Derechos Civiles

### Notificación Sobre Uso De Información Personal

*Hay dos leyes que gobiernan el uso de información personal sometida por un ciudadano a una agencia federal, incluyendo la Oficina de Derechos Civiles (CRC): la ley Privacidad (Privacy Act, 5 U.S.C. 552), y la Ley de Libertad de información (Freedom of Information Act, 5 U.S.C. 552). La siguiente información le ayuda a entender mejor estas leyes. Por favor, lea esta Notificación, luego firme y devuelva el formulario adjunto.*

LA Ley De PRIVACIDAD protege al individuo contra al uso incorrecto de información personal en manos del Gobierno Federal. La Ley aplica a documentos que son mantenidos y que pueden ser identificados a base del nombre de la persona, número de seguro social o algún otro sistema de identificación personal. Las personas que sometan información a la Derechos Civiles deben saber lo siguiente:

- La Oficina de Derechos Civiles está autorizada a investigar quejas de discriminación por razón de raza, color, origen nacional, edad e impedimento físico, y en algunos casos por razón de sexo, religión, ciudadanía, y afiliación política, en programas que reciben fondos Federales de Departamento del Trabajo. La Oficina de Derechos Civiles está también autorizada a conducir inspecciones de programas que reciben fondos Federales para determinar si estos programas están cumpliendo con las leyes de derechos civiles.
- La información recopilada por la Oficina de Derechos Civiles es analizada por personal autorizado. Esta información puede incluir documentos sobre los empleados o sobre los participantes o cualquier otro tipo de información personal. En el transcurso de una investigación, el personal de CRC puede tener la necesidad de revelar parte de esta información a personas fuera de la Agencia. La información revelada podría incluir, por ejemplo, datos sobre la condición física o la edad de la persona. CRC puede tener la necesidad de proporcionar parte de la información personal que posee a cualquier persona que lo solicite bajo los derechos provistos por la Ley de Libertad de información.
- CRC también puede tener la necesidad de proporcionar la información que posee a otras personas fuera de la oficina que estén envueltas en procedimientos contra una agencia o programa. Esto puede incluir información sobre ingreso, edad, estado civil, o condición física del quejante/querellante.
- Toda información personal provista se podrá usar únicamente con el propósito con que fue solicitada. La información ha de usarse en actividades relacionadas con el cumplimiento e implementación de las leyes de derechos civiles. CRC no proveerá la información a ninguna otra organización o personas a menos que la persona que proveyó la información lo autorice por escrito, o a menos que la información sea solicitada bajo la Ley de Libertad de información.
- Ninguna ley obliga al querellante a proporcionarle información personal a CRC, y no se le penalizará si rehusa proporcionar a CRC esta información. Sin embargo, si CRC no logra obtener la información necesaria para investigar la alegación de discriminación, es posible que la investigación tenga que ser cerrada.
- Cualquier persona puede solicitar y podrá obtener copia de material personal que CRC mantiene sobre dicha persona en sus archivos.

**COMA NORMA, LA OFICINA DE DERECHOS CIVILES NO REVELA EL NOMBRE U OTRO DATO QUE PUEDA IDENTIFICAR A UN INDIVIDUO A MENOS QUE ESTO SEA NECESARIO PARA COMPLETAR UNA INVESTIGACION O PARA POEDER CON MEDIDAS DE IMPLEMENTACION CONTRA UN PROGRAMA QUE HAYA VIOLADO LA LEY.** CRC no revelará la identidad del quejante/querellante a una agencia que esté siendo investigada a menos que el querellante lo autorice por escrito.

LA LEY DE LIBERTAD DE INFORMACION proporciona al público máximo acceso a los archivos y documentos de Gobierno Federal. Las personas pueden solicitar y obtener información de varios tipos y de distintas categorías de documentos mantenidos por el gobierno en adición a material de información personal. La Oficina de Derechos Civiles deberá honrar solicitudes de información sometidas bajo la ley de Libertad de información, excepto en las siguientes situaciones:

- CRC normalmente no está obligada a divulgar ciertos documentos durante una investigación o procedimientos de implementación si esto afecta la habilidad de CRC de cumplir con sus responsabilidades; y,
- CRC puede rehusar divulgar información si esto constituye una "invasión de privacidad," claramente innecesaria.

**FAVOR DE LEER Y FIRMAR LA SECCION A O LA SECCION B DE ESTA FORMA. DEVUELVALA A LA OFICINA DE DERECHOS CIVILES CON LA FORMA DE INFORMACIÓN SOBRE QUEREALLA/QUEJA.**

## CONSENTIMIENTO PARA EL USO DE INFORMACION PERSONAL

He leído y entendido la Notificación Personal que me ha provisto la Oficina de Derechos Civiles (CRC). Dicha notificación describe las disposiciones aplicadas a la Ley de Privacidad (Privacy Act) y la Ley de Libertad de información (Freedom of information Act).

- Durante el transcurso de la investigación CRC puede verse en la necesidad de revelar mi identidad a personas de la agencia que esta siendo investigada;
- No estoy obligado(a) a proveerle a CRC información personal, pero mi queja puede ser cerrada si me niego a proveer información necesaria para investigar la misma;
- Puedo solicitar y obtener una copia de cualquier información personal que CRC mantenga en mi expediente; y,

Bajo ciertas circunstancias, la información personal que yo haya provisto a CRC se puede divulgar bajo la Ley de Libertad de información.

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### SECCION A

☐

SI

SI, CRC PUEDE REVELAR MI IDENTIDAD SI ES NECESARIO PARA LA INVESTIGACION DE MI QUEJA. He leído y entendido la Notificació Sobre Uso de información Personal que me ha provisto la Oficina de Derechos Civiles.

\_\_\_\_\_  
(FIRMA)

\_\_\_\_\_  
(FECHA)

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### SECCION B

☐

NO

NO, NO DOY MI CONSENTIMIENTO A CRC PARA DIVULGAR MI IDENTIDAD DURANTE LA INVESTIGACION DE MI QUEJA. Deseo que mi identidad se mantenga en confidencia durante la investigación; no obstante entendiendo que si CRC determina que mi consentimiento es necesario para completar la investigación, puede cerrar mi queja si me niego a darlo.

\_\_\_\_\_  
(FIRMA)

\_\_\_\_\_  
(FECHA)